No. 300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10214

BIRTH NO. FILED APR 2 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2872

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7518 Pennsylvania ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY 2019
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
d. STREET ADDRESS (If rural, give location) 7518 Pennsylvania ave.

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) A.
c. (Last) Lilienkamp

4. DATE OF DEATH (Month) (Day) (Year) March 29, 1954

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0
8. DATE OF BIRTH March 1, 1904
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Conductor
10b. KIND OF BUSINESS OR INDUSTRY Pullman Co.
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Fred J. Lilienkamp
13b. MOTHER'S MAIDEN NAME Julia Hill
14. NAME OF HUSBAND OR WIFE ---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 493-09-5794
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Lilienkamp 5533 Itaska ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ch. nephritis with Chartered [illegible] 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420.1
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1954, *to* 3/29/, 1954, *that I last saw the deceased alive on* 3/29/, 1954, *and that death occurred at* 7.30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W H Walters MD. 0.
23b. ADDRESS 3608 S Grand St Louis Mo
23c. DATE SIGNED 3/30/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE April 1, 1954
24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery
24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Rd. Lemay, Mo.

DATE REC'D BY LOCAL REG. MAR 30 1954
REGISTRAR'S SIGNATURE J Carl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. 7814 S. Broadway ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.